

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084239**
1. Corporation Name

WINFLOW MANUFACTURING, INC.



Principal Place of Business: 1501 NORTHWEST 22ND COURT, BAY 1-2 POMPANO BEACH FL 33069
Mailing Address: 1501 NORTHWEST 22ND COURT, BAY 1-2 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **06/22/1995 1994** 3a. Date of Last Report: **4/95**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number: **65-0537545**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CULLEN, RICK S ESQ. 2295 CORPORATE BLVD., SUITE 231 BOCA RATON FL 33431**
10. Name and Address of New Registered Agent: 81 Name: **FRANK R. DIZENZO** 82 Street Address (P.O. Box Number is Not Acceptable): **1501 NW 22ND COURT, BAY 1-2** 83 84 City: **POMPANO BEACH** FL 85 Zip Code: **33069**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: **FRANK R. DIZENZO** DATE: **4/26/96**
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DIZENZO, FRANK	1.2 NAME		
STREET ADDRESS: 1501 NORTHWEST 22ND COURT, BAY 1-2	1.3 STREET ADDRESS		
CITY-ST-ZIP: POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE		
NAME:	2.2 NAME		
STREET ADDRESS:	2.3 STREET ADDRESS		
CITY-ST-ZIP:	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE		
NAME:	3.2 NAME		
STREET ADDRESS:	3.3 STREET ADDRESS		
CITY-ST-ZIP:	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE		
NAME:	4.2 NAME		
STREET ADDRESS:	4.3 STREET ADDRESS		
CITY-ST-ZIP:	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300001807423
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE		-05/03/96--01090--042
NAME:	5.2 NAME		***200.00
STREET ADDRESS:	5.3 STREET ADDRESS		
CITY-ST-ZIP:	5.4 CITY-ST-ZIP		
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	6.2 NAME		
STREET ADDRESS:	6.3 STREET ADDRESS		
CITY-ST-ZIP:	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FRANK R. DIZENZO** PRESIDENT DATE: **4/26/96** (954) 978-4624